## Senior Citizen and Disabled Persons Reduction in Property Taxes Per RCW 84.36. File application with King County Assessor for Taxes due in 2009



Department of Assessments King County Administration Building 500 Fourth Avenue, Room 740 Seattle, WA 98104-2384 206-296-3920

File this application AND attach 2008 income documentation with the King County Assessor for taxes due in 2009 per RCW 84.36.385. Failure to attach income information will result in approval delay or denial.

PLEASE PRINT YOUR INFORMATION

1. I am a senior citizen or disabled person requesting an exemption and certify the following: (please ma							xes).
	☐ I own and occupy this property as my principal residence as of December 31, 2008						
	Type of Ownership: I am the owner/occupant  OR I have a lease for Life / Life Estate (attach document) I am or will be 61 years of age or older on or before December 31, 2008 I am disabled AND retired from regular, gainful employment by reason of disability. Please attach a current physician's statement attesting to disability if under age 61 OR your SSI award letter to this application.						
	Applicant's birth date: Spouse's birth date: Date Property Purchased and Occupied:						
	☐ My spouse was previously approved for an exemption <b>AND</b> I am at least 57 years old.						
2.	nclude ALL 2008 INCOME OF CLAIMANT, SPOUSE AND/OR CO-TENANT: (Income Limit \$35,000)						
	Total Wages	\$		Trust, Royalty, Partnership, Estate		\$	
	Net Social Security (less medicare)	\$		Public Assistance	ce Payments	\$	
	Disability Income	\$		Alimony Receive	ed	\$	
	Pension or Retirement Income	\$	Railroad Retire		ings AINS	\$	
	IRA or Annuity Income Received	\$ \$ \$		Gambling Winni		\$	
	Taxable & NON-Taxable Interest & Dividends			Total Capital GA (DO NOT deduc		\$	
				ALLOWABLE D	EDUCTIONS		
	Taxable and NON-Taxable Bonds			Please provide	documentation for a	all exp	enses.
	Business Income before Depreciation	\$		Adult Assisted L	iving Expenses	\$	
	Rental Income before Depreciation	\$	_	Nursing Home E	xpenses	\$	
	Unemployment Payments	\$		In-Home Care E	xpenses	\$	
	Income received from another Country	\$		Non-Reimbursed	d Prescriptions	\$	
-	Income earned from a CO-TENANT	\$		Other Adjustmer	nts to AGI	\$	
	ATTACH ALL 2008 INCOME DOCUMENTS (INCLUDE TAX RETURN)			TOTAL INCOME FOR 2008		\$	
3.	Claimant's Name: Spouse's Name:						
	Street Address:						
	City, State, Zip: Area Code/Phone #:						
for t	exemption granted through willfully provine last three (3) years, plus a 100% penalogoing statements are true. Your signaturessor.	Ity, (RCW 84.40.	<b>130</b> ).	I declare under t	he penalties of perjur	y, that	all of the
Clai	mant's Signature	Date Sig	gned	Witness Signate	ure		Date Signed
Dep	uty Assessor	Date Sig	aned	Witness Signat	ure		Date Signed
THIS CLAIM IS SUBJECT TO AUDIT BY THE DEPARTMENT OF REVENUE FOR DEPARTMENT OF ASSESSMENTS USE ONLY							
					Exemption Level:		
					Review Date:		
			Reviewed By: Parcel #:				

## **INSTRUCTIONS**

This material is available in alternate format for individuals with disabilities upon advance request by calling Exemptions at 206-296-3920 OR TTY 206-296-7888 OR 800-325-6165 x 6-3920.

This application along with income/expense documents must be filed with the King County Assessor's office in order to receive a reduction in property taxes payable in 2009 under the requirements of RCW 84.36.385 (3) – (5). You must attach ALL income and expense documents including complete IRS tax forms, as applicable. If all required documents are not received with your application, we will deny your application for exemption. Please allow approximately four (4) weeks for application processing. You will only be notified if your application is denied.

NUMBERS LISTED BELOW CORRESPOND TO THE NUMBERS ON THE FRONT OF THIS FORM.

- Mark all boxes that apply to you. If you are disabled and <u>under</u> 61 years of age, you **MUST** supply this office with a <u>CURRENT</u> physician signed disability form. For copies of the disability forms call 206-296-3920 or visit our website. Or, you may provide the current copy of your SSI award letter. These documents must accompany your exemption application.
- 2. Income and Expense Box: All documents showing income and expense deduction sources must be attached. Your failure to provide us with these documents will result in a processing delay.

You must report <u>all</u> income sources – <u>Taxable and Non-Taxable</u> – such as complete IRS tax returns, retirement income statements, bond statements, IRA and annuity disbursal statements, social security statements, gift of money or monies contributed or paid to you by others, unemployment compensation, public assistance, disability payments, alimony, VA benefits, investments, capital gains (we <u>do not</u> allow the deductions of capital losses per RCW 84.36.383), trust or royalty disbursements, partnership disbursements, and business and rental income (we <u>do not</u> allow depreciation deductions per RCW 84.36.383). Reverse mortgages are not considered income but must be reported.

Non-reimbursed nursing home, assisted living and adult care expenses, including non-reimbursed medication expense for claimant or spouse may be deducted from gross income. Documentation of non-reimbursed expenses is required. Non-reimbursed in-home care for claimant or spouse may be deducted. Items such as specialty foods, oxygen, Meals on Wheels, special needs furniture, attendant care and light housekeeping may be deducted from gross income. Documentation of non-reimbursed expenses is required. It is not a requirement that the person providing in-home care be specially licensed BUT you will be required to provide adequate payment documentation. Non-reimbursed prescription drug expenses (including co-pays) may be deducted. Documentation of non-reimbursed expenses is required.

A co-tenant is a person who resides with the claimant AND has ownership interest in the residence. Co-tenant income information <u>must be included</u> on the application if they reside with you.

3. Name / Address / Signature: Print your full name, spouse's name, address and phone #.

Claimant, please sign this claim form in front of two (2) witnesses, or you may sign at the Department of Assessments. If someone other than the claimant is signing this document, please attach proof of authority such as Power of Attorney. Witnesses can be neighbors, friends or relatives.

For additional forms, visit our website to download copies. www.kingcounty.gov/assessor/forms

KING COUNTY DEPARTMENT OF ASSESSMENTS 500 - 4TH AVENUE, RM 740, SEATTLE, WA 98104-2384 206-296-3920